

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90018 048 \*\*\*150.00

**DOCUMENT # P12337**

1. Entity Name

ROBERTSON-CECO CORPORATION



Principal Place of Business

2626 WARRENVILLE ROAD  
SUITE 400  
DOWNERS GROVE IL 60515  
US

Mailing Address

2626 WARRENVILLE ROAD  
SUITE 400  
DOWNERS GROVE IL 60515  
US

**54012739**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3479146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete  
NAME SAGE, II A  
STREET ADDRESS 1730 LAKEHOUSE DRIVE  
CITY-ST-ZIP N. PALM BEACH FL

TITLE P ☐ Delete  
NAME ROSKOVENSKY, E A  
STREET ADDRESS 4295 QUAIL RUN PLACE  
CITY-ST-ZIP DANVILLE CA

TITLE CEO ☐ Delete  
NAME HEISLEY, MICHAEL E  
STREET ADDRESS 2626 WARRENVILLE ROAD SUITE 400  
CITY-ST-ZIP DOWNERS GROVE IL 60515

TITLE CFO ☐ Delete  
NAME ~~WOLSKIE, LARRY~~ *should be Wolski*  
STREET ADDRESS 2626 WARRENVILLE RD. SUITE 400  
CITY-ST-ZIP DOWNERS GROVE IL 60515

TITLE C ☐ Delete  
NAME MEADOWS, STANLEY H  
STREET ADDRESS 2626 WARRENVILLE RD, SUITE 400  
CITY-ST-ZIP DOWNERS GROVE IL 60515

TITLE CFO ☐ Delete  
NAME *Shudy, Kevin*  
STREET ADDRESS *2626 Warrenville Road, Suite 400*  
CITY-ST-ZIP *Downers Grove, IL 60515*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *Wolski, Larry*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kevin Shudy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/16/04*  
Date

Daytime Phone #